		FOR OHF USE					

LL1

2001
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2001)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0044909

Facility Name: Alden Park Strathmoor

Address: 5668 Strathmoor Drive (Number) Rockford (City) 61107 (Zip Code)

County: Winnebago

Telephone Number: (815)229-5200 **Fax #** (773)286-3743

IDPA ID Number: 36-4367439

Date of Initial License for Current Owners: 8/1/00

Type of Ownership:

	VOLUNTARY,NON-PROFIT	x	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		x	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll **Telephone Number:** (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2001 to 12/31/2001 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) Steven M. Kroll

(Title) Chief Financial Officer

Paid Preparer

(Signed) _____ (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	189	Skilled (SNF)	189	68,985	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	189	TOTALS	189	68,985	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	10,677	1,113	3,032	14,822	8
9	SNF/PED					9
10	ICF	25,333	3,005	314	28,652	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	36,010	4,118	3,346	43,474	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 63.02%

D. How many bed-hold days during this year were paid by Public Aid?
none (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
none

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [x]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [x]

I. On what date did you start providing long term care at this location?
Date started 8/1/00

J. Was the facility purchased or leased after January 1, 1978?
YES [x] Date 8/1/00 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 39 and days of care provided 2,933

Medicare Intermediary AdminiStar Federal, Inc.

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: 12/31/01 Fiscal Year: 12/31/01

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	222,447	23,600		246,047	1,105	247,152		247,152			1
2	Food Purchase		247,624		247,624	(21,230)	226,394	(11,925)	214,469			2
3	Housekeeping	175,352	40,449		215,801	1,265	217,066		217,066			3
4	Laundry	57,449	16,953	25,326	99,728	57	99,785		99,785			4
5	Heat and Other Utilities			121,835	121,835		121,835		121,835			5
6	Maintenance	46,025		91,911	137,936	117	138,053	4,646	142,699			6
7	Other (specify):*											7
8	**TOTAL General Services**	501,273	328,626	239,072	1,068,971	(18,686)	1,050,285	(7,279)	1,043,006			8
	B. Health Care and Programs											
9	Medical Director			45,620	45,620		45,620		45,620			9
10	Nursing and Medical Records	1,978,128	232,359	4,536	2,215,023	5,179	2,220,202	(64,784)	2,155,418			10
10a	Therapy	734			734		734		734			10a
11	Activities	84,821	1,469	3,096	89,386	92	89,478		89,478			11
12	Social Services	81,171		2,522	83,693		83,693		83,693			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,144,854	233,828	55,774	2,434,456	5,271	2,439,727	(64,784)	2,374,943			16
	C. General Administration											
17	Administrative	122,064			122,064		122,064		122,064			17
18	Directors Fees											18
19	Professional Services			484,923	484,923		484,923	(421,557)	63,366			19
20	Dues, Fees, Subscriptions & Promotions			23,321	23,321		23,321	(14,074)	9,247			20
21	Clerical & General Office Expenses	349,129	18,970	34,134	402,233	118	402,351	51,326	453,677			21
22	Employee Benefits & Payroll Taxes			423,303	423,303	13,297	436,600	54,221	490,821			22
23	Inservice Training & Education											23
24	Travel and Seminar			5,425	5,425		5,425	9,547	14,972			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			63,117	63,117		63,117	(394,359)	(331,242)			26
27	Other (specify):* Bad Debts			56,175	56,175		56,175	(56,175)				27
28	**TOTAL General Administration**	471,193	18,970	1,090,398	1,580,561	13,415	1,593,976	(771,071)	822,905			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,117,320	581,424	1,385,244	5,083,988		5,083,988	(843,134)	4,240,854			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Park Strathmoor #0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			9,068	9,068		9,068	219,398	228,466			30
31	Amortization of Pre-Op. & Org.							4,643	4,643			31
32	Interest			55,786	55,786		55,786	299,377	355,163			32
33	Real Estate Taxes			98,430	98,430	(98,430)		93,449	93,449			33
34	Rent-Facility & Grounds			298,200	298,200	98,430	396,630	486	397,116			34
35	Rent-Equipment & Vehicles			9,201	9,201		9,201	18,129	27,330			35
36	Other (specify):*											36
37	**TOTAL Ownership**			470,685	470,685		470,685	635,482	1,106,167			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		121,152	547,658	668,810		668,810	(193,581)	475,229			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			103,477	103,477		103,477		103,477			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		121,152	651,135	772,287		772,287	(193,581)	578,706			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,117,320	702,576	2,507,064	6,326,960		6,326,960	(401,233)	5,925,727			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(689)	2		13
14	Non-Care Related Interest	(53,141)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(4,712)	32		18
19	Entertainment				19
20	Contributions	(1,978)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(56,175)	27		24
25	Fund Raising, Advertising and Promotional	(11,648)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (128,343)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(209,220)	pages 6	34
35	Other- Attach Schedule	(63,670)	pg 5a	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (272,890)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (401,233)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39			X			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Alden Park Strathmoor

ID# **0044909**

Report Period Beginning: **01/01/2001**

Ending: **12/31/2001**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Utility late fees	$ (5,501)	6	1
2	To agree def. Maint exp to schedule on page 22	2,435	6	2
3	Non cost HMO Therapy c/a #5040	(100,470)	39	3
4	Non cost part b c/a (#5212-5214)	(6,789)	39	4
5	HMO nursing supplies (#5026)	(9,924)	39	5
6	HMO pharmacy c/a (#5046)	(4,132)	39	6
7	To agree dep schedule to the TB #7110	(348)	30	7
8	IHCA pac fees	(680)	20	8
9	Adjust interest expense on Debes Loan	67,220	32	9
10	Self insurance cost adjustments	(5,481)	26	10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(63,670)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(689)	0	0	(11,236)	0	0	0	0	0	0	0	(11,925)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(3,066)	0	7,735	0	0	0	(23)	0	0	0	0	4,646	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(3,755)	0	7,735	(11,236)	0	0	(23)	0	0	0	0	(7,279)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(63,528)	(1,256)	0	0	0	0	0	0	(64,784)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	(63,528)	(1,256)	0	0	0	0	0	0	(64,784)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	1,225	(422,782)	0	0	0	0	0	0	0	0	(421,557)	19
20	Fees, Subscriptions & Promotions	(14,306)	0	232	0	0	0	0	0	0	0	0	(14,074)	20
21	Clerical & General Office Expenses	0	0	22,390	25,151	3,785	0	0	0	0	0	0	51,326	21
22	Employee Benefits & Payroll Taxes	0	0	53,445	0	776	0	0	0	0	0	0	54,221	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	9,547	0	0	0	0	0	0	0	0	9,547	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(5,481)	(388,878)	0	0	0	0	0	0	0	0	0	(394,359)	26
27	Other (specify):*	(56,175)	0	0	0	0	0	0	0	0	0	0	(56,175)	27
28	**TOTAL General Administration**	(75,962)	(387,653)	(337,168)	25,151	4,561	0	0	0	0	0	0	(771,071)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(79,717)	(387,653)	(329,433)	(49,613)	3,305	0	(23)	0	0	0	0	(843,134)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Park Strathmoor # 0044909 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(348)	206,942	11,855	0	949	0	0	0	0	0	0	219,398	30
31	Amortization of Pre-Op. & Org.	0	1,015	180	0	0	3,448	0	0	0	0	0	4,643	31
32	Interest	9,367	254,222	28,138	0	1,449	6,201	0	0	0	0	0	299,377	32
33	Real Estate Taxes	0	88,131	5,071	0	247	0	0	0	0	0	0	93,449	33
34	Rent-Facility & Grounds	0	0	486	0	0	0	0	0	0	0	0	486	34
35	Rent-Equipment & Vehicles	0	0	18,129	0	0	0	0	0	0	0	0	18,129	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	9,019	550,310	63,859	0	2,645	9,649	0	0	0	0	0	635,482	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(121,315)	0	0	(11,254)	(28,240)	(32,772)	0	0	0	0	0	(193,581)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	(121,315)	0	0	(11,254)	(28,240)	(32,772)	0	0	0	0	0	(193,581)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(192,013)	162,657	(265,574)	(60,867)	(22,290)	(23,123)	(23)	0	0	0	0	(401,233)	45

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See page 6K						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V		19	trust fees	$	Park Strathmoor, LLC	0.00%	$ 1,225	$ 1,225	1
2	V		26	insurance		Park Strathmoor, LLC		7,752	7,752	2
3	V		33	real estate tax		Park Strathmoor, LLC		88,131	88,131	3
4	V		30	depreciation		Park Strathmoor, LLC		206,942	206,942	4
5	V		31	amortization		Park Strathmoor, LLC		1,015	1,015	5
6	V		32	fines & penalties		Park Strathmoor, LLC		2,067	2,067	6
7	V		32	interest-mortgage		Park Strathmoor, LLC		252,155	252,155	7
8	V		26	rental income	396,630	Park Strathmoor, LLC			(396,630)	8
9	V									9
10	V									10
11	V									11
12	V									12
13	V									13
14	Total				$ 396,630			$ 559,287	$ * 162,657	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Employee Benefits	$	Alden Management Services, Inc.	0.00%	$ 53,445	$ 53,445	15
16	V	19	Management fees	431,195	Alden Management Services, Inc.		8,413	(422,782)	16
17	V	21	Gen'l & Admin.		Alden Management Services, Inc.		22,390	22,390	17
18	V	6	maintenance/utilities		Alden Management Services, Inc.		7,735	7,735	18
19	V	24	autos/seminars		Alden Management Services, Inc.		9,547	9,547	19
20	V	20	dues/subscriptions		Alden Management Services, Inc.		232	232	20
21	V	30	depreciation		Alden Management Services, Inc.		11,855	11,855	21
22	V	31	amortization		Alden Management Services, Inc.		180	180	22
23	V	33	real estate tax		Alden Management Services, Inc.		5,071	5,071	23
24	V	34	rent		Alden Management Services, Inc.		486	486	24
25	V	35	rent-equipt/vehicles		Alden Management Services, Inc.		18,129	18,129	25
26	V	32	interest		Alden Management Services, Inc.		28,138	28,138	26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 431,195			$ 165,621	$ * (265,574)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		2	TUBE FEEDING	$ 46,192	PYRAMID HEALTH CARE SERVICES	100.00%	$ 34,956	$ (11,236)	15
16	V		10	NURSING SUPPLIES	80,721	PYRAMID HEALTH CARE SERVICES		17,193	(63,528)	16
17	V		39	SUPPLIES / PER DIEM FEES	27,448	PYRAMID HEALTH CARE SERVICES		16,194	(11,254)	17
18	V		21	GENERAL & ADMIN.		PYRAMID HEALTH CARE SERVICES		25,151	25,151	18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 154,361			$ 93,494	$ * (60,867)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	$ 107,269	Forum Extended Care II	100.00%	$ 84,053	$ (23,216)	15
16	V	10	House stock	5,805	Forum Extended Care II		4,549	(1,256)	16
17	V	39	IV	23,215	Forum Extended Care II		18,191	(5,024)	17
18	V	22	Employee benefits		Forum Extended Care II		776	776	18
19	V	21	General & admin		Forum Extended Care II		3,785	3,785	19
20	V	32	Interest		Forum Extended Care II		1,449	1,449	20
21	V	33	Real estate taxes		Forum Extended Care II		247	247	21
22	V	30	Depreciation		Forum Extended Care II		949	949	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 136,289			$ 113,999	$ * (22,290)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		39	CPT Revenue	$ 391,668	Community Physical Therapy	100.00%	$ 358,896	$ (32,772)	15
16	V		31	Amortization				3,448	3,448	16
17	V		32	Interest				6,201	6,201	17
18	V									18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 391,668			$ 368,545	$ * (23,123)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		6	maintenance	$ 3,636	Alden Bennett Construction	0.00%	$ 3,613	$ (23)	15
16	V									16
17	V									17
18	V									18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 3,636			$ 3,613	$ * (23)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week Hours	Percent	Compensation Included in Costs for this Reporting Period** Description	Amount	Schedule V. Line & Column Reference	
1	Floyd Schlossberg a.	President	CEO		342,518	1.71	4.28	Salary	$ 15,306	21-1	1
2	Ami Pissetsky	Financing coordinato	Banking	1.50	196,587	1.71	4.28	Salary	8,785	21-1	2
3	Bob Molitor	C.O.O.	Operations	1.50	187,685	1.71	4.28	Salary	8,387	21-1	3
4	Lauren Magnusson b.	Nurse corrdinator	Nursing admin		76,684	1.71	4.28	Salary	3,426	21-1	4
5	Terry Magnusson c.	Maint. Supervisor	Constr/maint		70,054	1.71	4.28	Salary	3,130	21-1	5
6	Steven Kroll	C.F.O.	Finance	1.50	199,907	1.71	4.28	Salary	8,933	21-1	6
7											7
8											8
9	a. Floyd is the President and sole stockholder of Alden Management Services, Inc.										9
10	b. Lauren is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator										10
11	c. Terry is the son-in-law of Floydd Schlossberg. Terry is in maintenance and construction.										11
12											12
13								TOTAL	$ 47,967		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 2/31/2001

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Alden Management Services, Inc.
Street Address: 4200 W. Peterson Ave
City / State / Zip Code: Chicago Il 60646
Phone Number: ((773)286-3883
Fax Number: ((773)286-3743

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1		See page 8A…				$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	National City Bank		x	First Mortgage	Interest only	8/01/00	$ 3,480,000	$ 3,480,000		Varies	$ 203,071	1
2	Debes Corporation		X	Second Mortgage	None	8/01/00	1,035,745	1,035,745		6.4900	67,220	2
3	National City Bank		X	Working Capital		8/01/00		796,330		Varies	49,084	3
4												4
5												5
	Working Capital											
6	Related Party-CPT	x		operations	none					Varies	6,201	6
7	Related Party-AMS	x		operations	none					Varies	28,138	7
8	Related Party - FECII	x		operations	none					Varies	1,449	8
9	TOTAL Facility Related						$ 4,515,745	$ 5,312,075			$ 355,163	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 4,515,745	$ 5,312,075			$ 355,163	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2000 report.	$	97,431	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	91,410	2
3. Under or (over) accrual (line 2 minus line 1).	$	(6,021)	3
4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)	$	94,152	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	88,131	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
	1996	8
	1997	9
	1998	10
	1999	11
	2000 92,548	12

Related party allocation page 6C 247

Related party allocation page 6A 5171

Current year expense based on an estimated 1.03 increase over prior year's bill.

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2000	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Park Strathmoor COUNTY Winnebago

FACILITY IDPH LICENSE NUMBER 0044909

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-3743

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	12-21-452-007	nursing home facility	$ 91,409.84	$ 91,409.84
2.	Related party taxes	home office	$ 118,551.00	$ 5,071.00
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 209,960.84	$ 96,480.84

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES x NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: _____ B. General Construction Type: Exterior _____ Frame _____ Number of Stories _____

C. Does the Operating Entity? ☐ (a) Own the Facility ☐ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? ☐ (a) Own the Equipment ☐ (b) Rent equipment from a Related Organization. ☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

note: details to follow…

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☐ NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$	1
2					2
3	TOTALS			$	3

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	Related party-Forum			1978	$ 18,359	$	22	$	$	$ 18,359	4
5											5
6	189		2000		3,604,967	104,906	40	104,906		152,591	6
7											7
8											8
	Improvement Type**										
9	Related Party-Forum:										9
10	Leasehold Improvement-Remodeling			1980	19,335		20			19,335	10
11	Leasehold Improvement-Remodeling			1980	1,208		10			1,208	11
12	Leasehold Improvement-Remodeling			1986	645		5			645	12
13	Leasehold Improvement-Remodeling			1990	404		5			404	13
14	Leasehold Improvement-Remodeling			1991	94		5			94	14
15	Leasehold Improvement-Remodeling			1993	8,304	830	10	830		7,474	15
16	Leasehold Improvement-Remodeling			1993	6,504	671	9.7	671		6,035	16
17	Leasehold Improvement-sign			1994	261	22	12	22		174	17
18	Leasehold Improvement-dryvit			1995	443	44	10	44		310	18
19	Leasehold Improvement-new ac			1999	723	48	15	48		145	19
20	Leasehold Improvement-roof			1985	972	51	19	51		870	20
21	Leasehold Improvement-roof			1994	863	58	15	58		460	21
22	Leasehold Improvement-roof			1997	819	55	15	55		273	22
23	Leasehold Improvement-roof			1998	1,390	93	15	93		371	23
24	Leasehold Improvement-parking lot asphalt			2000	111	11	10	11		22	24
25	Leasehold Improvement-hallway lighting			2001	155	16	10	16		16	25
26	Leasehold Improvement-DAI			2001	195	19	10	19		19	26
27											27
28	Related Party-AMS:										28
29	Leasehold Improvement-Remodeling			1993	4,266		7			4,266	29
30	Leasehold Improvement-Remodeling			1994	2,112	64	7	64		2,112	30
31											31
32	Related party-Forum Ext. Care II			2001	3,875	206	10	206		297	32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Alden Design-laundry room remodeling	2000	$ 3,922	$ 392	10	$ 392	$	$ 523	37
38	Alden Design-laundry room remodeling	2000	2,098	210	10	210		280	38
39	Alden Design-laundry room remodeling	2000	4,533	453	10	453		567	39
40	ABC - misc const. Work	2000	1,561	312	5	312		364	40
41	Pro Com Systems - add new keypass to alarm system	2000	1,754	351	5	351		380	41
42	ABC - misc const. Work	2001	10,528	88	20	88		88	42
43	ABC - misc const. Work	2001	38,850	323	20	323		323	43
44	ABC - misc const. Work	2001	19,073	159	20	159		159	44
45	Rockford stem B	2001	5,035	224	15	224		224	45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 3,763,359	$ 109,606		$ 109,606	$	$ 218,388	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 639,038	$ 113,778	$ 113,778	$		$ 177,234	71
72	Current Year Purchases	13,286	617	617			617	72
73	Fully Depreciated Assets	29,234	668	668			29,234	73
74								74
75	TOTALS	$ 681,558	$ 115,063	$ 115,063	$		$ 207,085	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	various	bus/van	1998-2000	$ 11,938	$ 3,797	$ 3,797	$	3	$ 6,200	76
77										77
78										78
79										79
80	TOTALS			$ 11,938	$ 3,797	$ 3,797	$		$ 6,200	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 4,456,855	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 228,466	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 228,466	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 431,673	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: related party: Park Strathmoor, LLC
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
   If NO, see instructions. [ ] YES [x] NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$ related party-backed out…			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
   This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: [ ] YES [x] NO Terms: *

10. Effective dates of current rental agreement:
    Beginning 8/1/00
    Ending open

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2002	$ triple net lease
13.	/2003	$ triple net lease
14.	/2004	$ triple net lease

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [x] YES [ ] NO
16. Rental Amount for movable equipment: $ 9,201 Description: Copy machine
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Related party -AMS	various	$ 1510	$ 18,129	17
18					18
19					19
20					20
21	TOTAL		$ 1510	$ 18,129	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   - [ ] YES
   - [x] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

   skilled nursing on site.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39-3	hrs	$		$ 87,543	$		$ 87,543	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			14,574			14,574	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			108,508			108,508	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	SEE PAGE 16A	# of prescrpts				37,045		37,045	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	SEE PAGE 16A					227,559		227,559	13
14	TOTAL			$		$ 210,625	$ 264,604		$ 475,229	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Alden Park Strathmoor # 0044909 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2001 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 201,619	$ 201,619	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 76,000)	1,359,120	1,359,120	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	69,572	69,572	7
8	Accounts Receivable (owners or related parties)	300,036	420,890	8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,930,347	$ 2,051,201	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		569,205	13
14	Buildings, at Historical Cost		3,604,967	14
15	Leasehold Improvements, at Historical Cost	98,736	98,736	15
16	Equipment, at Historical Cost	59,178	615,734	16
17	Accumulated Depreciation (book methods)	(14,439)	(316,921)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe goodwill		44,272	22
23	Other(specify): Const. In progress	1,637	1,637	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 145,112	$ 4,617,630	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,075,459	$ 6,668,831	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 972,408	$ 973,283	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	67,741	75,493	28
29	Short-Term Notes Payable	796,330	905,874	29
30	Accrued Salaries Payable	165,724	165,724	30
31	Accrued Taxes Payable (excluding real estate taxes)	67,882	67,882	31
32	Accrued Real Estate Taxes(Sch.IX-B)		94,152	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Due IDPA	97,566	97,566	36
37	Due to Affiliates	679,887	679,887	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,847,538	$ 3,059,861	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		4,515,745	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 4,515,745	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,847,538	$ 7,575,606	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (772,079)	$ (906,775)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,075,459	$ 6,668,831	48

***(See instructions.)**

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (74,014)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (74,014)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(698,065)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (698,065)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (772,079)	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 4,968,142	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 4,968,142	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	83,268	6
7	Oxygen	36,794	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 120,062	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	6,167	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	118,036	21
22	Laundry	883	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 125,086	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc revenue	21,987	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 21,987	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,235,277	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,053,222	31
32	Health Care	2,398,659	32
33	General Administration	1,629,046	33
	B. Capital Expense		
34	Ownership	470,685	34
	C. Ancillary Expense		
35	Special Cost Centers	671,870	35
36	Provider Participation Fee	103,477	36
	D. Other Expenses (specify):		
37	Related party salaries included in col 1 (see page6a-d) AMS	(380,102)	37
38	Related party salaries included in col 1 (see page6a-d) Pyr	(9,781)	38
39	Related party salaries included in col 1 (see page6a-d) FECII	(3,734)	39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 5,933,342	40
41	**Income before Income Taxes (line 30 minus line 40)****	(698,065)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (698,065)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	352	368	$ 10,411	$ 28.29	1
2	Assistant Director of Nursing	296	304	7,746	25.48	2
3	Registered Nurses	14,607	15,045	389,292	25.88	3
4	Licensed Practical Nurses	26,621	27,823	528,097	18.98	4
5	Nurse Aides & Orderlies	79,010	80,743	941,007	11.65	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	41	41	734	17.90	8
9	Activity Director	2,008	2,056	27,692	13.47	9
10	Activity Assistants	6,669	7,011	57,130	8.15	10
11	Social Service Workers	4,245	4,585	81,170	17.70	11
12	Dietician					12
13	Food Service Supervisor	2,685	2,932	34,946	11.92	13
14	Head Cook					14
15	Cook Helpers/Assistants	23,310	24,611	187,501	7.62	15
16	Dishwashers					16
17	Maintenance Workers	1,944	2,080	38,036	18.29	17
18	Housekeepers	20,151	21,178	175,352	8.28	18
19	Laundry	7,064	7,249	57,448	7.92	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	4,694	5,115	70,634	13.81	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,416	3,633	99,084	27.27	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	160	170	2,240	13.18	31
32	Other Health C: Ward Clerk	18	18	250	13.89	32
33	Other(specify) Personnel	721	817	14,930	18.27	33
34	TOTAL (lines 1 - 33)	198,012	205,779	$ 2,723,700 *	$ 13.24	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	monthly	45,620	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	monthly	4,536	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	62	3,095	11-3	44
45	Social Service Consultant	36	1,789	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	98	$ 55,040		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	n/a	$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Agpasa(3234)/Dalicandro(2888)	administrator	0	$ 6,122
various executives	management	0	49,589
Dipaolo	administrator	0	5,878
Glantz	administrator	0	978
Loggins	administrator	0	34,104
Wagner	administrator	0	19,354
Palazzo(3189)/Weber(2850)	administrator	0	6,039
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 122,064

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management Services	Management fees	$ 431,196
Blackman & Kallick	Accounting	7,510
See page 21A	Legal	13,321
	Consulting	1,723
Alden Design	Consulting	341
Medi Comm	Consulting	174
Career Master	Recruitment fee	27,600
Misc.	Consulting	1,000
Ava P. Daley	Medicare cost report	1,710
AMS	Consulting	348
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $2500 attach copy of invoices.)		$ 484,923

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 108,389
Unemployment Compensation Insurance	23,629
FICA Taxes	205,671
Employee Health Insurance	55,078
Employee Meals	21,230
Illinois Municipal Retirement Fund (IMRF)*	
DENTAL INS.	2,456
LIFE INS.	511
EMPLOYEE RELATIONS	15,970
EMPLOYEE VACC.	1,707
TUITION REIM.	1,658
MISC. COSTS	300
related party-ams/fecII	54,222
TOTAL (agree to Schedule V, line 22, col.8)	$ 490,821

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 150
Advertising: Employee Recruitment	809
Health Care Worker Background Check	1,106
(Indicate # of checks performed)	
Misc. fees	(487)
Continental Testing LPN exam	178
Assoc for Prof. IAPIC renewal	135
IHCA	7,027
Rockford register	97
related party-ams	232
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 9,247

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	5,425
Seminar Expense	
related party-ams	9,547
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 14,972

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden Park Strathmoor # 0044909 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1	Alden Design	10/00	$ 1,669	3	$	$	$ 139	$ 556	$ 556	$ 418	$	$	$
2	Rockford stemm B	5/01	1,735	3				385	578	578	194		
3	Alden Bennet Const	2/01	7,975	3				2,436	2,658	2,658	223		
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 11,379		$	$	$ 139	$ 3,377	$ 3,792	$ 3,654	$ 417	$	$

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **yes**

(2) Are there any dues to nursing home associations included on the cost report? **yes**
If YES, give association name and amount. **IHCA $7027**

(3) Did the nursing home make political contributions or payments to a political action organization? **yes** If YES, have these costs been properly adjusted out of the cost report? **yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **no** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **yes**
What was the average life used for new equipment added during this period? **10**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **13,070** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **no**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **no** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **no** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **103,477**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **no** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **no** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **21,230** Has any meal income been offset against related costs? **no** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **no**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **no** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **n/a**
d. Have vehicle usage logs been maintained? **yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **no**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **yes**
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **no**
Firm Name: The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **no** If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **yes**
Attach invoices and a summary of services for all architect and appraisal fees.